

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43456

State File No. 81

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|---|--|--|--|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. 373 | | PRIMARY REG. DIST. NO. 6265 | | Registrar's No. 81 | |
| 1. PLACE OF DEATH a. COUNTY Webster - Grant T.S. | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Webster | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stratford R.1. | | c. LENGTH OF STAY (in this place) 53 years | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stratford R.1 Two miles North | | 1120 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION None | | | | d. STREET ADDRESS (If rural, give location) East of Northview, Mo. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ETTA | | b. (Middle) DOLLY | | c. (Last) DECKARD | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 6, 1950 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Feb. 21, 1879 | |
| 9. AGE (In years last birthday) 71 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 11. BIRTHPLACE (State or foreign country) Searcy County, Ark. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Joseph Hill | | 13b. MOTHER'S MAIDEN NAME Cordelia Bumgarner | | 14. NAME OF HUSBAND OR WIFE James F. Deckard | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leonard Deckard - Stratford R.1, Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 490X | | | | INTERVAL BETWEEN ONSET AND DEATH 5 days | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 12-4, 1950, to 12-6, 1950, that I last saw the deceased alive on 12-6, 1950, and that death occurred at 9:30 P.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE J. E. Blum (Degree or title) D.O. | | 23b. ADDRESS 1901 W. Marshall, Mo. | | 23c. DATE SIGNED 12/16/50 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 12-8-50 | | 24c. NAME OF CEMETERY OR CREMATORY Welch Cemetery | | 24d. LOCATION (City, town, or county) (State) Webster County, Mo. | |
| DATE REC'D BY LOCAL REG. 1/23/51 | | REGISTRAR'S SIGNATURE J. F. Brown | | 392 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur Bruce Marshall, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 9 1951

Dist. File 15-1-91

Date Filed 1-9-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed Arthur Bruce

Licensed Embalmer No. 4723

P. O. Address Marshfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.